

# BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003					Application or Docket Number <b>09/652 968</b>	
CLAIMS AS FILED - PART I					SMALL ENTITY TYPE <input type="checkbox"/> OR OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)				
TOTAL CLAIMS					RATE <input type="checkbox"/> FEE <input type="checkbox"/>	
FOR		NUMBER FILED	NUMBER EXTRA		BASIC FEE <input type="checkbox"/> 385.00 OR BASIC FEE <input type="checkbox"/> 770.00	
TOTAL CHARGEABLE CLAIMS		minus 20 =			X\$9 = <input type="checkbox"/>	
INDEPENDENT CLAIMS		minus 3 =			X43 = <input type="checkbox"/>	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>					+145 = <input type="checkbox"/>	
					TOTAL <input type="checkbox"/>	OR TOTAL <input type="checkbox"/>
• If the difference in column 1 is less than zero, enter '0' in column 2						
CLAIMS AS AMENDED - PART II					SMALL ENTITY TYPE <input type="checkbox"/> OR OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)		
AMENDMENT A	6	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRES. EXTRAS	RATE <input type="checkbox"/> ADDITIONAL FEE <input type="checkbox"/>
	Total	8	Minus	20	=	X\$9 = <input type="checkbox"/>
	Independent	2	Minus	4	=	X43 = <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					+145 = <input type="checkbox"/>	
					TOTAL ADDIT. FEE <input type="checkbox"/>	OR TOTAL ADDIT. FEE <input type="checkbox"/>
AMENDMENT B	7	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRES. EXTRAS	RATE <input type="checkbox"/> ADDITIONAL FEE <input type="checkbox"/>
	Total	5	Minus	20	=	X\$9 = <input type="checkbox"/>
	Independent	3	Minus	4	=	X43 = <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					+145 = <input type="checkbox"/>	
					TOTAL ADDIT. FEE <input type="checkbox"/>	OR TOTAL ADDIT. FEE <input type="checkbox"/>
AMENDMENT C	5	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRES. EXTRAS	RATE <input type="checkbox"/> ADDITIONAL FEE <input type="checkbox"/>
	Total	5	Minus	20	=	X\$9 = <input type="checkbox"/>
	Independent	3	Minus	4	=	X43 = <input type="checkbox"/>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					+145 = <input type="checkbox"/>	
					TOTAL ADDIT. FEE <input type="checkbox"/>	OR TOTAL ADDIT. FEE <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• If the entry in column 1 is less than the entry in column 2, write '0' in column 3.</li> <li>• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter '20.'</li> <li>• If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter '3.'</li> </ul> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p>						

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